



## **APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW (RESIDENTIAL)**

### **GENERAL INFORMATION**

The following items must be submitted to the Zoning Hearings Section for review of proposed Multi-family, Townhouse, Zero Lot Line, RU-1M (a), RU-1M (b), Cluster and Hotel developments:

- 2 copies of application (attached)
- 2 full sets of plans size 24 x 36 (site, landscaping, floor plans, elevation)
- 2 sets of plans in size 8½" x 11"
- 1 digital set of plans in PDF and/or \*.JPG/.JPEG format on CD
- 1 legal description in word format
- Fee (See fee schedule attached)

The Site Plan must contain a complete legend (Ask for the standardized legend for your type of development at the Zoning Hearings Counter). Landscape plans must be accompanied by a Landscape Legend and a signed Certificate of Compliance (See Attached).

The plan will be reviewed by the Department of Planning and Zoning, Public Works Department and DERM for compliance with zoning regulations and for compliance with site plan review criteria. Applicants will be notified of required revisions or corrections to the plan within 15 days from the date of submission. Revised plans, once received, will again be reviewed by all departments, and if approved will proceed to the Zoning Evaluation Unit for final review, resulting in written approval or denial of the plan.

An appointment is required to submit the application when your site plan review application is complete and ready to submit. Please call the Zoning Hearings Section at **(305) 622-8023** and schedule an appointment to submit the ASPR application.



**APPLICATION FOR ADMINISTRATIVE SITE PLAN REVIEW**  
**(Residential)**

FOLIO NUMBER \_\_\_\_\_

S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ Received Stamp \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF PLAN: \_\_\_\_\_

NO. OF SHEETS: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

DATE OF PLAN: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ REVIEW FEE \_\_\_\_\_

TYPE OF DEVELOPMENT: TOWNHOUSE \_\_\_\_\_ CONDOMINIUM \_\_\_\_\_

RENTAL APTS. \_\_\_\_\_ HOTEL/MOTEL \_\_\_\_\_

RU-1M (a) \_\_\_\_\_ RU-1M (b) \_\_\_\_\_

CLUSTER \_\_\_\_\_

SIZE OF PROPERTY: \_\_\_\_\_ ZONING ON PROPERTY: \_\_\_\_\_

ADDRESS OR LOCATION OF PROPERTY: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SURVEY NAME AND DATE: \_\_\_\_\_

\_\_\_\_\_



**FEE SCHEDULE  
ADMINISTRATIVE SITE PLAN REVIEW FOR  
ALL RESIDENTIAL PROJECTS**

Z703	Basic Fee	\$1,500.00
Z704	Size of Property (\$600.00 per 10 acres or portion thereof)	_____
Z705	Number of Units (\$400.00 per 15 units or portion thereof)	_____
<b>Subtotal</b>		_____
CN01	6% Concurrency Fee	_____
<b>Subtotal</b>		_____
City of Miami Gardens Surcharge 15%		_____
<b>Total \$</b>		_____

**\*\*\*IMPORTANT: Before issuing check please confirm the TOTAL amount with P&Z Dept.**

**REVISIONS:**

	First revision	no charge
Z706	Thereafter \$800.00 (per revised plan)	_____
	15% Surcharge	_____